

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 8243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NRCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASHBY, HAROLD, A., MR.,

Mailing Address 2775, WHITE SAGE

City
HENDERSON

State
NV

Zip Code
89052-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2019

Transaction ID : SA11A.18376368

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ASHBY, HAROLD, A., MR.,

Mailing Address 2775, WHITE SAGE

City
HENDERSON

State
NV

Zip Code
89052-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : SA11A.18393463

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ASHDOWN, DIANA, , ,

Mailing Address 2962 FALLEHN DR.

City
CORTLAND

State
OH

Zip Code
44410-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVANCED FOOT AND ANKLE CENTER INC

Occupation (for Individual)
PHYSICIAN SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2019

Transaction ID : SA11A.18352265

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00